



Reporting Form Instructions

Reporting Form Process

Cannabis Regulatory Agency
517-284-8599
Michigan.gov/CRA
CRA-Amendments@michigan.gov

Reporting Form Instructions

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Reporting Form Instructions

General Overview

Reporting Form Instructions

General Overview

Per the MMFLA, MRTMA, and the Administrative Rules, applicants/licensees shall report to the agency any proposed changes as indicated in R 420.14 and R 420.802.

The applicant/licensee must submit the Reporting Form for each item being reported and/or requested. If a proposed change applies to both Medical Facilities Licensing and Adult-Use Licensing, only one Reporting Form should be filed as this will be indicated on the Reporting Form.

The Reporting Form must be submitted with the appropriate supporting documentation as listed on page one of the Reporting Form. Reporting Forms must be filed on the Accela Citizen Access Portal (ACA). Any additional documents after the initial submission should also be uploaded to ACA. Please do not email documents.

After initial review of the Reporting Form, additional supporting documentation may be required, and the applicant/licensee will receive a notice from the agency if applicable.

If there are any questions regarding a Reporting Form, please contact the agency by calling (517) 284-8599 or emailing CRA-Amendments@michigan.gov.

Reporting Form Instructions

Supporting Documentation

Reporting Form Instructions – Licensing

Supporting Documentation

Before initiating the Reporting Form process, be advised each Reporting Form type will have a specific set of documents that will be required to be submitted with the Reporting Form. The following documentation will be required in addition to the Reporting Form:

If reporting **criminal convictions, charges, or civil judgments**, provide:

- Court records detailing the conviction, charge, or judgment

If reporting **regulatory disciplinary action taken or determined** against a licensee, provide:

- Notice of disciplinary action from regulatory body

If reporting the **initiation or conclusion of any new judgments, lawsuits, legal proceedings, charges, or government investigations**, provide:

- Notice of initiation or conclusion of new judgment, lawsuit, legal proceedings, charges, or government investigation

If reporting a **new tax liability or delinquency**, provide:

- Copy of Initial Notice and Notice of Release (if applicable)
- Copy of Payment Plan Documentation (if applicable)

If reporting a **violation of an ordinance or zoning regulation**, provide:

- Violation notification letter/documents

Reporting Form Instructions - Licensing

Supporting Documentation

If reporting a **new, amended, or terminated agreement**, provide:

- An executed copy of the agreement, or termination notice.

If reporting when an **employee has been disciplined or removed** from their position for misconduct related to marijuana sales or transfers, provide:

- Explanation of circumstances

If reporting a **change to an insurance policy**, provide:

- Updated entire insurance policy including the declarations page

If reporting a **change to a deed or lease agreement**, provide:

- Updated deed or lease agreement

If reporting an **eviction**, provide:

- Eviction Notice
- Withdrawal letter (to withdraw the step 2 license application or license)

If reporting the **denial or revocation of a municipal marijuana license**, provide:

- Municipal denial notification letter/documents
- Withdrawal letter (to withdraw the step 2 license application or license)

Reporting Form Instructions - Licensing

Completing the Reporting Form

Reporting Form Instructions

Reporting Form – Licensing - Checklist

Checklist: Indicate on the checklist which item you are reporting. Only one item should be reported per reporting form.

Supporting Documents Checklists
If reporting criminal convictions, charges, or civil judgments, provide: <input type="checkbox"/> Court records detailing the conviction, charge, or judgment
If reporting regulatory disciplinary action taken or determined against a licensee, provide: <input type="checkbox"/> Notice of disciplinary action from regulatory body
If reporting the initiation or conclusion of any new judgments, lawsuits, legal proceedings, charges, or government investigations, provide: <input type="checkbox"/> Notice of initiation or conclusion of new judgment, lawsuit, legal proceedings, charges, or government investigation
If reporting a new tax liability or delinquency, provide: <input type="checkbox"/> Copy of Initial Notice and Notice of Release (if applicable) <input type="checkbox"/> Copy of Payment Plan Documentation (if applicable)
If reporting a violation of an ordinance or zoning regulation, provide: <input type="checkbox"/> Violation notification letter/documents
If reporting a new, amended, or terminated agreement, provide: <input type="checkbox"/> An executed copy of the agreement, or termination notice.
If reporting when an employee has been disciplined or removed from his or her position for misconduct related to marijuana sales or transfers, provide: <input type="checkbox"/> Explanation of circumstances
If reporting a change to an insurance policy, provide: <input type="checkbox"/> Updated entire insurance policy including the declarations page
If reporting a change to a deed or lease agreement, provide: <input type="checkbox"/> Updated deed or lease agreement
If reporting an eviction, provide: <input type="checkbox"/> Eviction Notice <input type="checkbox"/> Withdrawal letter (to withdraw the step 2 license application or license)
If reporting the denial or revocation of a municipal marijuana license, provide: <input type="checkbox"/> Municipal denial notification letter/documents <input type="checkbox"/> Withdrawal letter (to withdraw the step 2 license application or license)

Reporting Form Instructions

Reporting Form - Licensing - General Information

General Information: Complete all fields within the general information section.

- Main Applicant/Licensee Legal Name – This section should be the official name of the company, not an Assumed Name/Doing Business As name.
- Main Applicant/Licensee Prequalification Record Number (e.g., ERG-000000, AU-ER-000000) – This section requires all prequalification record numbers the specific Reporting Form will apply to. If you are unsure of the record number, please login to your ACA account to find the correct numbers or send an email to CRA-Amendments@michigan.gov.
- If the update pertains to a supplemental applicant, provide the supplemental applicant's legal name – If applicable, this section requires the legal name of the supplemental individual or entity who is reporting a change.
- If the update involves a supplemental applicant, provide the supplemental applicant record number (e.g., IRG-000000, AU-IR-000000) – If applicable, this section required the individual prequalification record numbers the specific Reporting Form will apply to.

General Information	
Main Applicant/Licensee Legal Name:	Main Applicant/Licensee Prequalification Record Number (e.g., ERG-000000, AU-ER-000000):
If the update pertains to a supplemental applicant, provide the supplemental applicant legal name:	If the update involves a supplemental applicant, provide the supplemental applicant record number (e.g., IRG-000000, AU-IR-000000):
If the update pertains to a licensed location, provide the assumed name or DBA being used at the location (if applicable):	If the update involves a licensed location, provide the license number (e.g., PC-000000, AU-R-000000):
Change applies to: <input type="checkbox"/> Medical (MMFL) Only <input type="checkbox"/> Adult-Use (AU) Only <input type="checkbox"/> Both MMFL and AU	Date applicant/licensee became aware of change/update:

Reporting Form Instructions

Reporting Form - Licensing - General Information

General Information: Complete all fields within the general information section.

- If the update pertains to a licensed location, provide the assumed name or DBA being used at the location (if applicable) – This section requires the current name being used for this location, if different than the entity legal name.
- If the update involves a licensed location, provide the license number (e.g., PC-000000, AU-R-000000) – This section requires the specific license number the Reporting Form will apply to.
- Change applies to – One checkbox must be selected to indicate if this Reporting Form will apply to Medical, Adult-Use, or both.
- Date applicant/licensee became aware of change/update – This section requires the date the applicant/licensee became aware of the item being reported.

General Information	
Main Applicant/Licensee Legal Name:	Main Applicant/Licensee Prequalification Record Number (e.g., ERG-000000, AU-ER-000000):
If the update pertains to a supplemental applicant, provide the supplemental applicant legal name:	If the update involves a supplemental applicant, provide the supplemental applicant record number (e.g., IRG-000000, AU-IR-000000):
If the update pertains to a licensed location, provide the assumed name or DBA being used at the location (if applicable):	If the update involves a licensed location, provide the license number (e.g., PC-000000, AU-R-000000):
Change applies to: <input type="checkbox"/> Medical (MMFL) Only <input type="checkbox"/> Adult-Use (AU) Only <input type="checkbox"/> Both MMFL and AU	Date applicant/licensee became aware of change/update:

Reporting Form Instructions

Reporting Form - Licensing

Reporting Form Type: Select the checkbox that is associated to the type of item the applicant/licensee is reporting.

Item(s) Being Reported
<input type="checkbox"/> Criminal convictions, charges, or civil judgments
<input type="checkbox"/> Regulatory disciplinary action taken or determined against a licensee
<input type="checkbox"/> Initiation or conclusion of any new judgments, lawsuits, legal proceedings, charges, or government investigations
<input type="checkbox"/> Tax liability or delinquency
<input type="checkbox"/> Violation of an ordinance or zoning regulation
<input type="checkbox"/> New, amended, or terminated agreement
<input type="checkbox"/> Employee has been disciplined or removed from his or her position for misconduct related to marihuana sales or transfers
<input type="checkbox"/> Change in insurance policies
<input type="checkbox"/> Change in a deed or lease agreement
<input type="checkbox"/> Eviction
<input type="checkbox"/> Denial or revocation of a municipal marijuana license

Reporting Form Instructions

Reporting Form - Description of Proposed Reporting Form

Provide a Detailed Description of the Item/Change Being Reported: Give a detailed explanation of the item or change being reported, including the names of all parties involved.

- For example: ABC 123 Inc. has initiated a lawsuit against Green, LLC due to lack of payment.

Provide a Detailed Description of the Item/Change Being Reported

Reporting Form Instructions

Reporting Form - Person Completing Form

Signature & Declaration: Complete all fields in this section.

- Signature – This form must be signed by an authorized individual.
- Date – Provide the date the form was signed.
- Printed Name – Provide the name of the person who signed the form.
- Affiliation with Main Applicant/Licensee – Provide the affiliation that the person signing the form has with the Main Applicant/Licensee.

Signature & Declaration	
I attest the information I provided on this reporting form is true and accurate and that I will comply with the requirements of the Medical Marijuana Facilities Licensing Act (MMFLA) and/or the Michigan Regulation and Taxation of Marijuana Act (MRTMA) and associated rules. I understand that falsified or fraudulent information could subject the licensee to disciplinary action as provided in the MMFLA, MRTMA, and associated rules, up to and including license revocation.	
Signature:	Date:
Printed Name:	
Affiliation to Main Applicant/Licensee:	

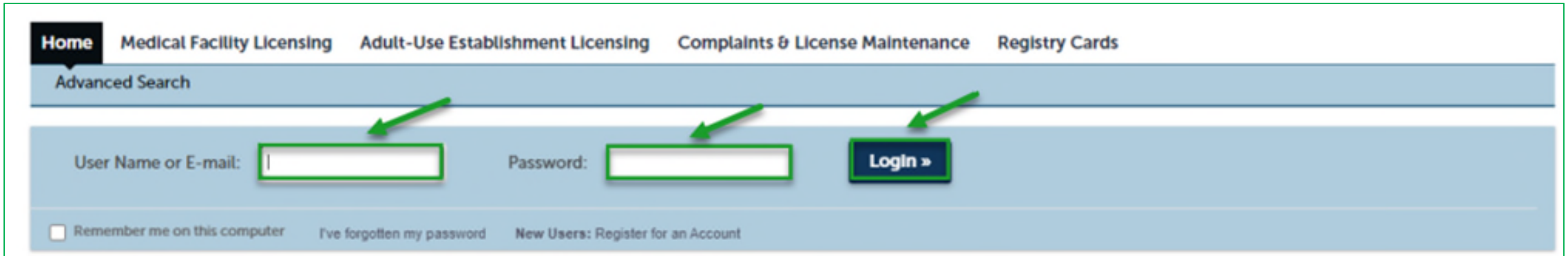
Reporting Form Instructions

Submitting the Reporting Form

Reporting Form Instructions

Reporting Form Submission - Login to ACA

- Go to *www.Michigan.gov/CRAonline*.
- Enter **User Name or E-mail**.
- Enter **Password**.
- Select **Login**.



Home Medical Facility Licensing Adult-Use Establishment Licensing Complaints & License Maintenance Registry Cards

Advanced Search

User Name or E-mail:

Password:

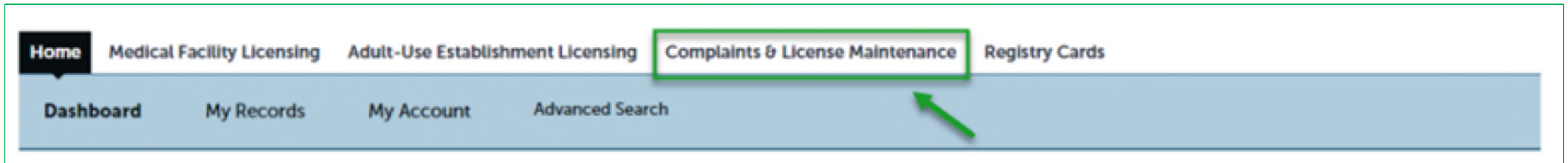
Login »

☐ Remember me on this computer I've forgotten my password New Users: Register for an Account

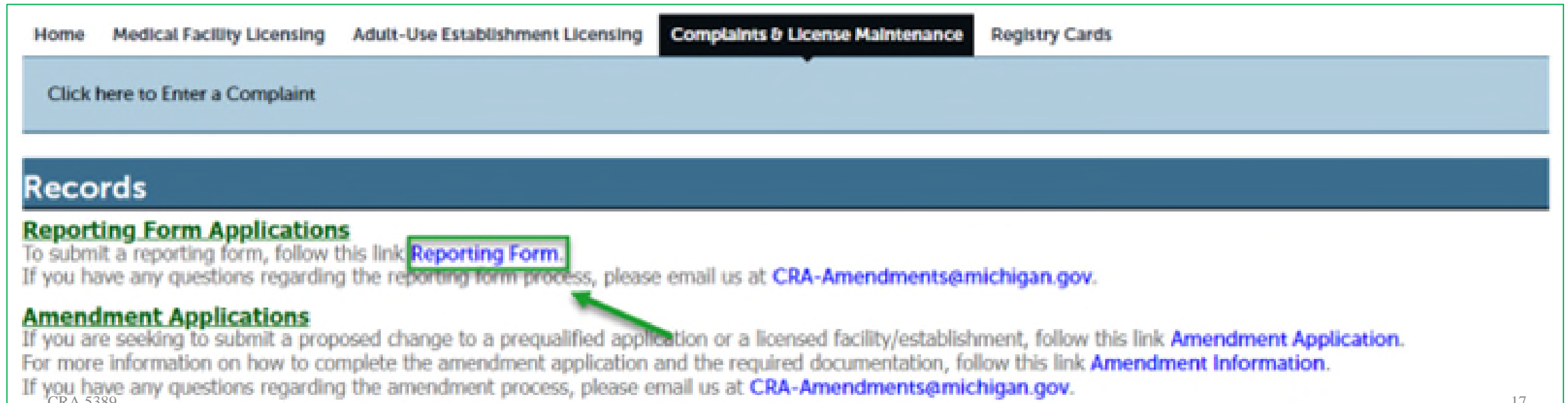
Reporting Form Instructions

Reporting Form Submission - Select Licensing Section

- Select ***Complaints & License Maintenance***.



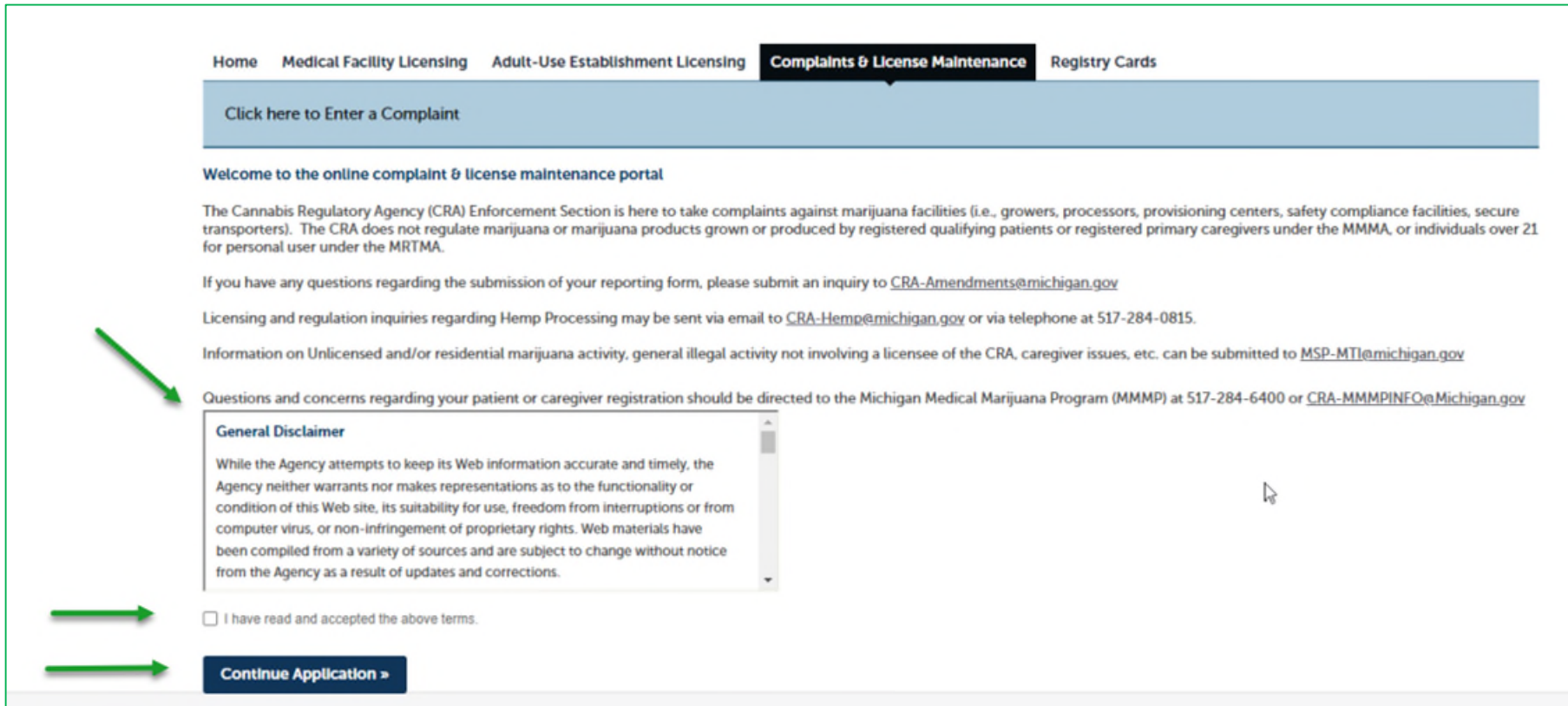
- Select ***Reporting Form***.



Reporting Form Instructions

Reporting Form Submission - General Disclaimer

- Read the ***General Disclaimer***.
- Check the box stating ***I have read and accepted the above terms***.
- Select ***Continue Application***.



Home Medical Facility Licensing Adult-Use Establishment Licensing **Complaints & License Maintenance** Registry Cards

[Click here to Enter a Complaint](#)

Welcome to the online complaint & license maintenance portal

The Cannabis Regulatory Agency (CRA) Enforcement Section is here to take complaints against marijuana facilities (i.e., growers, processors, provisioning centers, safety compliance facilities, secure transporters). The CRA does not regulate marijuana or marijuana products grown or produced by registered qualifying patients or registered primary caregivers under the MMMA, or individuals over 21 for personal use under the MRTMA.

If you have any questions regarding the submission of your reporting form, please submit an inquiry to CRA-Amendments@michigan.gov

Licensing and regulation inquiries regarding Hemp Processing may be sent via email to CRA-Hemp@michigan.gov or via telephone at 517-284-0815.

Information on Unlicensed and/or residential marijuana activity, general illegal activity not involving a licensee of the CRA, caregiver issues, etc. can be submitted to MSP-MTI@michigan.gov

Questions and concerns regarding your patient or caregiver registration should be directed to the Michigan Medical Marijuana Program (MMMP) at 517-284-6400 or CRA-MMMPINFO@Michigan.gov

General Disclaimer

While the Agency attempts to keep its Web information accurate and timely, the Agency neither warrants nor makes representations as to the functionality or condition of this Web site, its suitability for use, freedom from interruptions or from computer virus, or non-infringement of proprietary rights. Web materials have been compiled from a variety of sources and are subject to change without notice from the Agency as a result of updates and corrections.

☐ I have read and accepted the above terms.

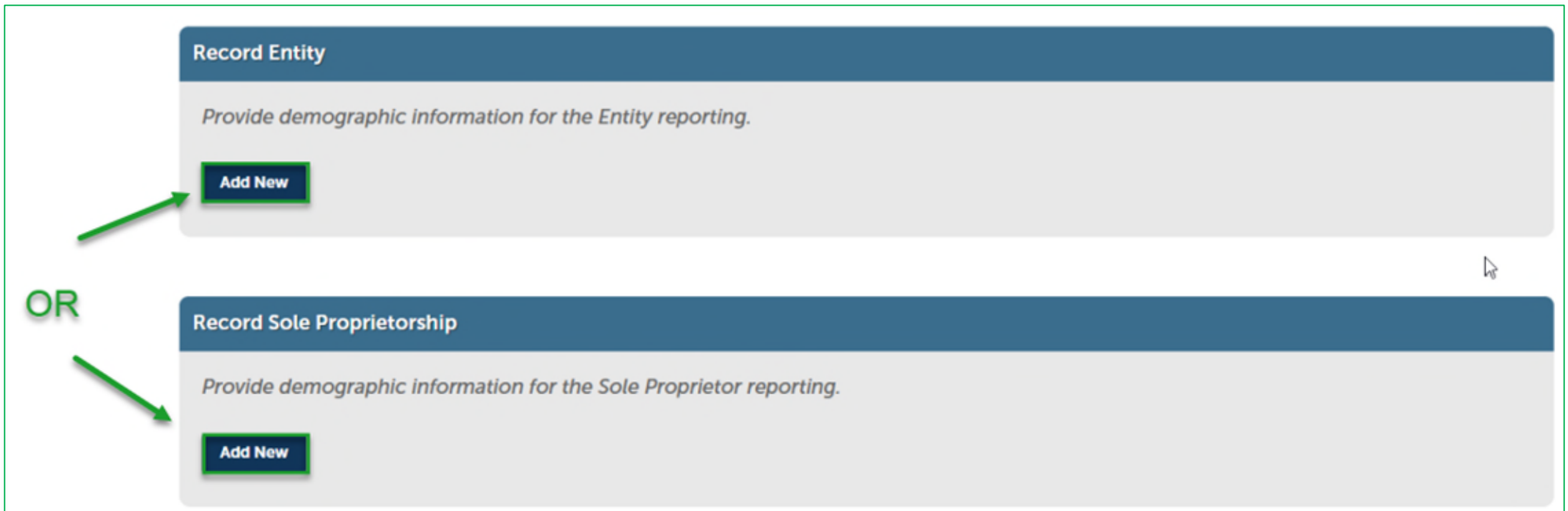
Continue Application »

Reporting Form Instructions

Reporting Form Submission - Select Reporting Form Applicant Contact Type

- For a Reporting Form for an entity, provide demographic information for the entity by selecting ***Add New under Record Entity.***
- For a Reporting Form for an individual, provide demographic information for the individual by selecting ***Add New under Record Sole Proprietorship.***

Note: you must ***Add New*** for either Record Entity OR Record Sole Proprietorship.



The screenshot displays two distinct sections for reporting. The top section, titled "Record Entity", includes the instruction "Provide demographic information for the Entity reporting." and a blue "Add New" button. A green arrow points from the word "OR" to this button. The bottom section, titled "Record Sole Proprietorship", includes the instruction "Provide demographic information for the Sole Proprietor reporting." and another blue "Add New" button. A second green arrow points from the word "OR" to this button. The word "OR" is written in green text between the two sections.

Reporting Form Instructions

Reporting Form Submission - Add Contact Info: Entity

For an entity:

- Enter **Entity** name.
- Enter **Assumed Name** if operating publicly with a name other than the Reporting Form entity name. Separate multiple assumed names with commas.
- Enter **Federal Employer Identification Number (FEIN)**.
- Enter **Phone Number**.
- Enter **E-mail Address**.
- Select **Add Additional Contact Address**. Another window will open.

Contact Information

• Entity Name:

Assumed Name:

• FEIN:

• Phone

• E-mail:

• Individual/Organization:

--Select--

▼ Contact Addresses

Add Additional Contact Address

To edit a contact address, click the address link.
Required contact address type(s): Mailing

Showing 0-0 of 0

Address Type	Recipient	Address	Action
No records found.			

Continue

Clear

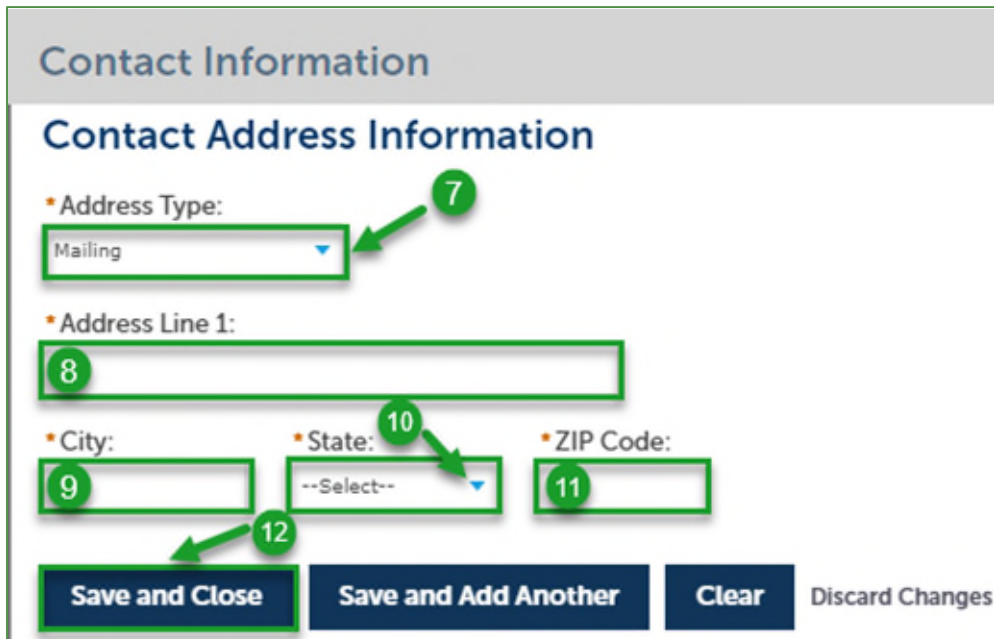
Discard Changes

Reporting Form Instructions

Reporting Form Submission - Add Contact Address: Entity

For an entity:

- ***Mailing Address** type is required.
- Enter **Street Address**.
- Enter **City**.
- Select to add **State**.
- Enter **ZIP Code**.
- Select **Save and Close**.



Contact Information

Contact Address Information

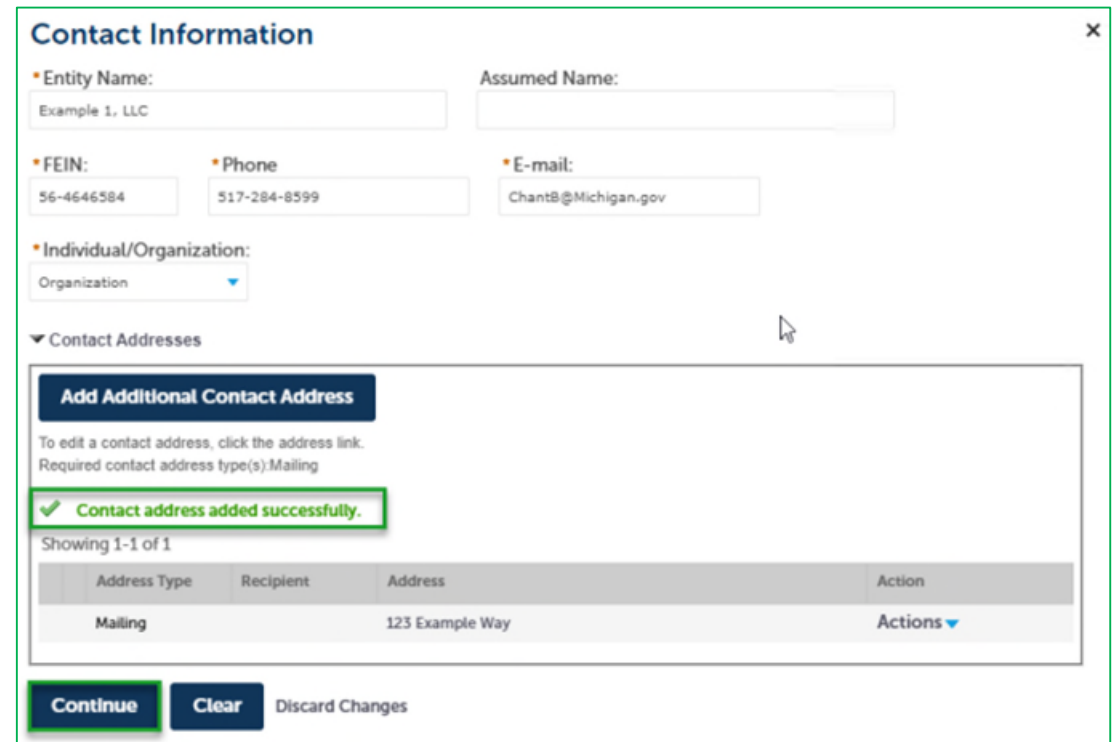
* Address Type: Mailing 7

* Address Line 1: 8

* City: 9 * State: --Select-- 10 * ZIP Code: 11

12 **Save and Close** **Save and Add Another** **Clear** Discard Changes

- **Contact Address Added Successfully** message will appear.
- Select **Continue**.



Contact Information

* Entity Name: Example 1, LLC Assumed Name:

* FEIN: 56-4646584 * Phone: 517-284-8599 * E-mail: ChantB@Michigan.gov

* Individual/Organization: Organization

▼ Contact Addresses

Add Additional Contact Address

To edit a contact address, click the address link.
Required contact address type(s): Mailing

✓ **Contact address added successfully.**

Showing 1-1 of 1

Address Type	Recipient	Address	Action
Mailing		123 Example Way	Actions ▼

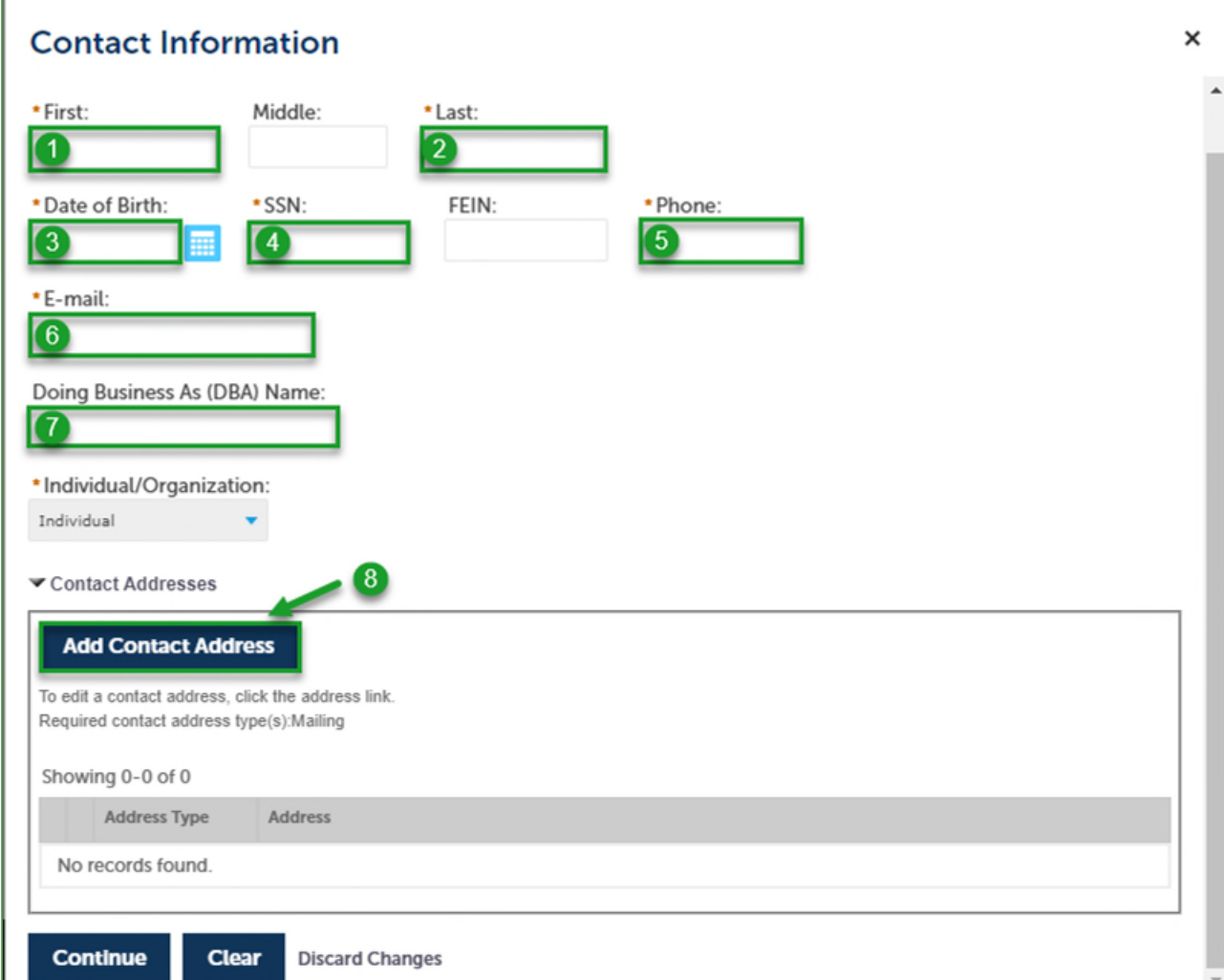
Continue **Clear** Discard Changes

Reporting Form Instructions

Reporting Form Submission - Add Contact Info: Individual


For an individual:

- Enter Individual's **First Name**.
- Enter Individual's **Last Name**.
- Enter Individual's **Date of Birth (DOB)**.
- Enter Individual's **Social Security Number (SSN)**.
- Enter Individual's **Phone Number**.
- Enter Individual's **E-mail Address**.
- Enter Individual's **Doing Business As (DBA)**, if applicable.
- Select **Add Contact Address**. Another window will open.




Contact Information

* First: 1 Middle: * Last: 2

* Date of Birth: 3  * SSN: 4 FEIN: * Phone: 5

* E-mail: 6

Doing Business As (DBA) Name: 7

* Individual/Organization:
 Individual 

▼ Contact Addresses 8

Add Contact Address

To edit a contact address, click the address link.
Required contact address type(s): Mailing

Showing 0-0 of 0

Address Type	Address
No records found.	

Continue **Clear** Discard Changes

Reporting Form Instructions

Reporting Form Submission - Add Contact Address: Individual

For an individual:

- ***Mailing Address** type is required.
- Enter **Street Address**.
- Enter **City**.
- Select to add **State**.
- Enter **ZIP Code**.
- Select **Save and Close**.

Contact Information

Contact Address Information

* Address Type:

Mailing

* Address Line 1:

* City:

* State:

--Select--

* ZIP Code:

Save and Close

Save and Add Another

Clear


Discard Changes

- **Contact Address Added Successfully** message will appear.
- Select **Continue**.

Contact Addresses

Add Contact Address

To edit a contact address, click the address link.
Required contact address type(s): Mailing


Contact address added successfully.

Showing 1-1 of 1

Address Type	Address
Mailing	153 Main St

Continue

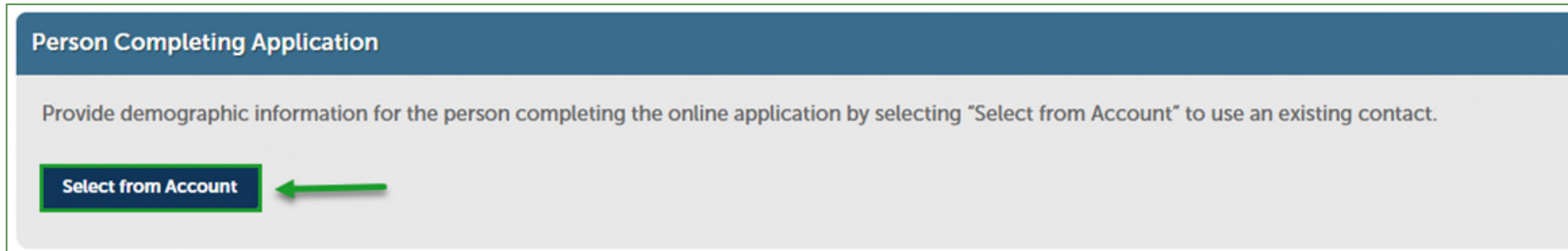
Clear

Discard Changes

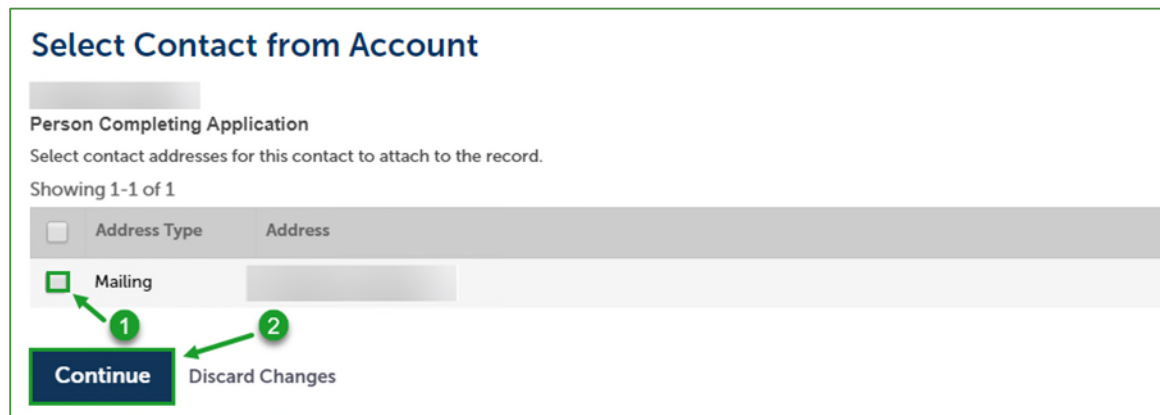
Reporting Form Instructions

Reporting Form Submission - Select Person Completing Application Contact

- Choose **Select from Account**.



- Select the box for **Mailing Address**.
- Select **Continue**.



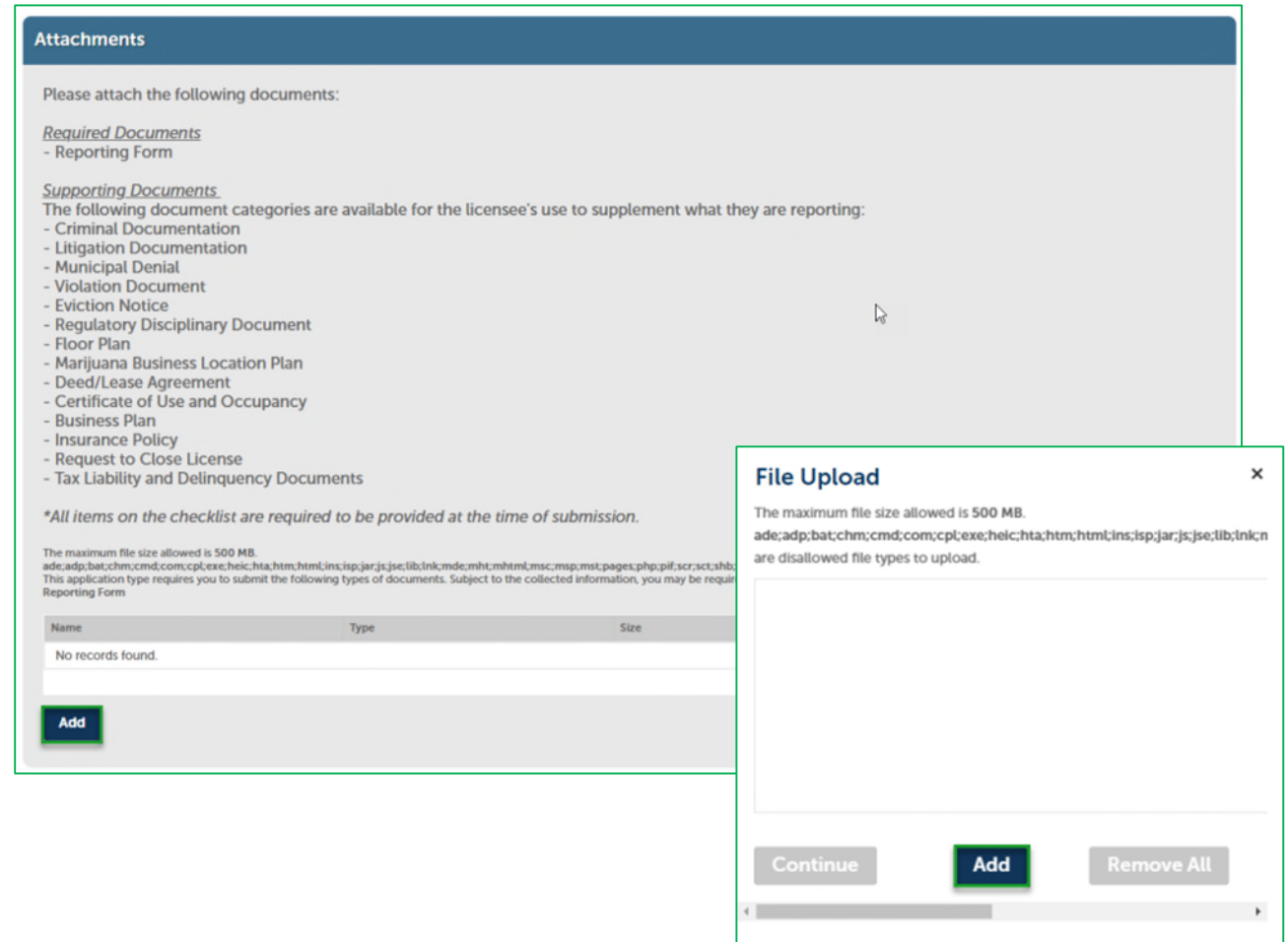
- After entering the demographic information for the Reporting Form applicant and the person completing the application, select **Next**



Reporting Form Instructions

Reporting Form Submission - Upload Supporting Documents

- All applicable items on the checklist are required to be provided at the time of submission.
- Failure to submit any of the applicable checklist items may result in the denial of your reporting form.
- Each document in the checklist must be uploaded individually; documents cannot be combined and uploaded as a single PDF.
- To attach documents, Select **Add** on the attachments page.
- Select **Add** on the file upload pop out window. **Please see next page to continue.**



The screenshot displays the 'Attachments' section of a web application. The main area lists 'Required Documents' (Reporting Form) and 'Supporting Documents' (Criminal Documentation, Litigation Documentation, Municipal Denial, Violation Document, Eviction Notice, Regulatory Disciplinary Document, Floor Plan, Marijuana Business Location Plan, Deed/Lease Agreement, Certificate of Use and Occupancy, Business Plan, Insurance Policy, Request to Close License, Tax Liability and Delinquency Documents). A table below lists these documents with columns for Name, Type, and Size, showing 'No records found.' An 'Add' button is at the bottom. A 'File Upload' modal is open, showing a list of disallowed file types (ade, adp, bat, chm, cmd, com, cpt, exe, hcl, hta, html, ins, isp, jar, js, jse, lib, lnk, etc.) and buttons for 'Continue', 'Add', and 'Remove All'.

Attachments

Please attach the following documents:

Required Documents

- Reporting Form

Supporting Documents

The following document categories are available for the licensee's use to supplement what they are reporting:

- Criminal Documentation
- Litigation Documentation
- Municipal Denial
- Violation Document
- Eviction Notice
- Regulatory Disciplinary Document
- Floor Plan
- Marijuana Business Location Plan
- Deed/Lease Agreement
- Certificate of Use and Occupancy
- Business Plan
- Insurance Policy
- Request to Close License
- Tax Liability and Delinquency Documents

**All items on the checklist are required to be provided at the time of submission.*

The maximum file size allowed is 500 MB.
ade;adp;bat;chm;cmd;com;cpt;exe;hcl;hta;html;ins;isp;jar;jse;lib;lnk;mde;mht;mhtml;msc;msp;mst;pages;php;pif;scr;shb;
This application type requires you to submit the following types of documents. Subject to the collected information, you may be required to submit the following types of documents.

Name	Type	Size
No records found.		

Add

File Upload

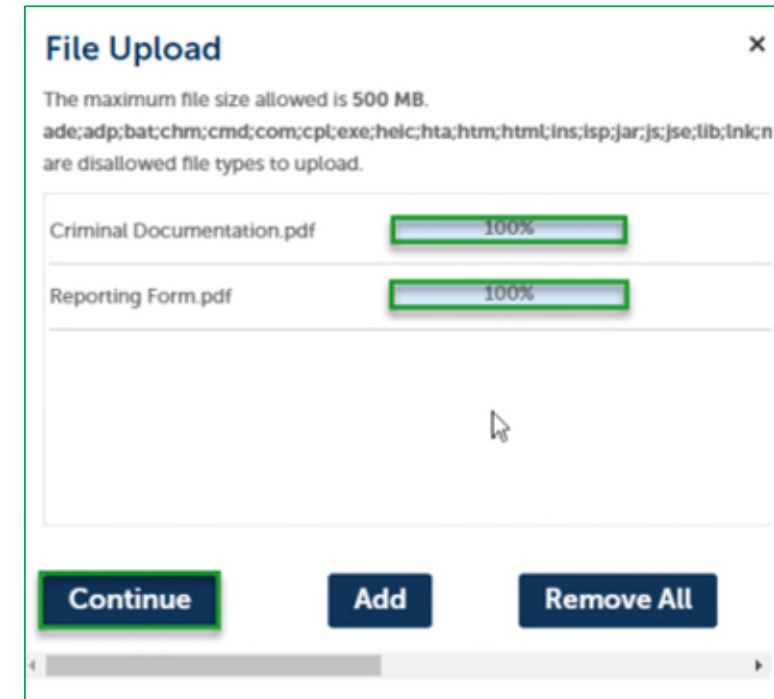
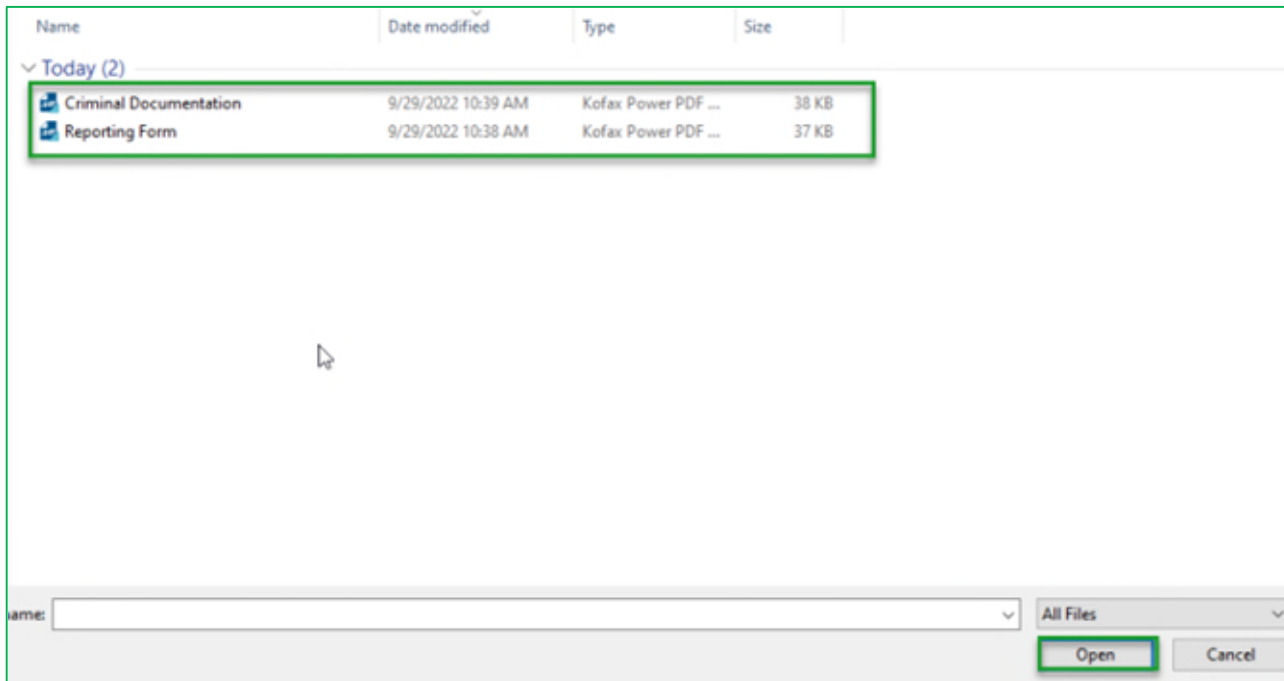
The maximum file size allowed is 500 MB.
ade;adp;bat;chm;cmd;com;cpt;exe;hcl;hta;html;ins;isp;jar;jse;lib;lnk;mde;mht;mhtml;msc;msp;mst;pages;php;pif;scr;shb;
This application type requires you to submit the following types of documents. Subject to the collected information, you may be required to submit the following types of documents.

Continue **Add** **Remove All**

Reporting Form Instructions

Reporting Form Submission - Upload Supporting Documents

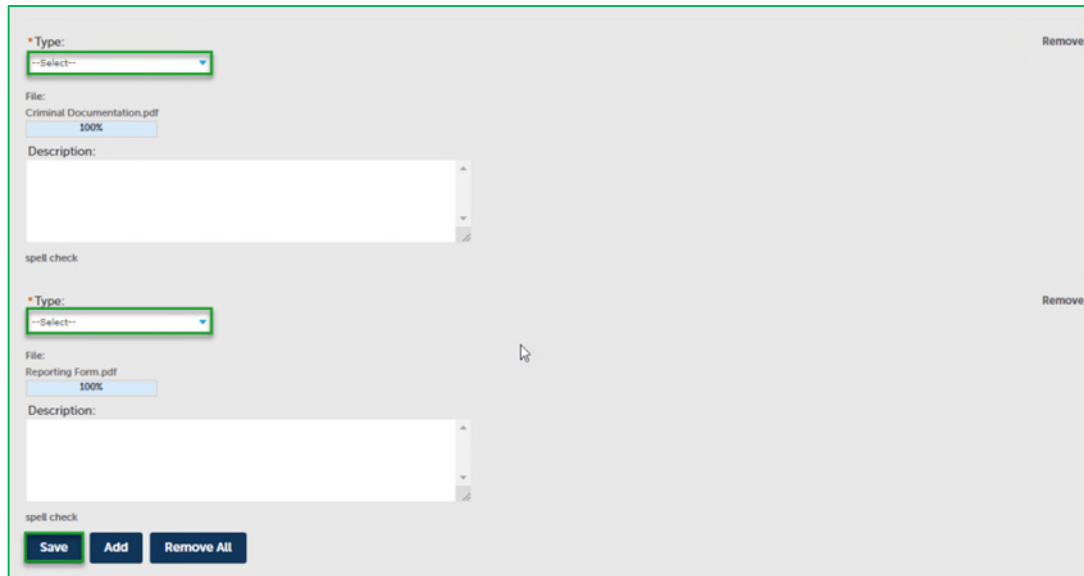
- **Select** and **Open** the file(s) you wish to upload.
 - Attachments should be uploaded in PDF format.
 - Files should be named according to their document type. For example, the Reporting Form PDF should be named "Reporting Form."
- Confirm the file(s) are 100% uploaded and select **Continue**.



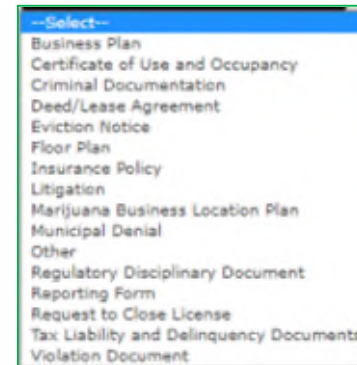
Reporting Form Instructions

Reporting Form Submission - Upload Supporting Documents

- Select document **Type**.
 - All documents on the checklist have a corresponding type. You must choose the corresponding document type for each document that is uploaded. For example, when uploading the Criminal Documentation, you must select the “Criminal Documentation” type.
- Select **Save**.
- ***You must repeat the process depicted for the Reporting Form and for all applicable documents on the checklist.***



The screenshot shows a web interface for uploading supporting documents. It features two identical entry forms stacked vertically. Each entry has a dropdown menu for selecting a document type, a file upload area showing the filename and a 100% progress bar, and a text area for a description. A 'spell check' link is located below the description area. To the right of each entry is a 'Remove' button. At the bottom of the interface are three buttons: 'Save', 'Add', and 'Remove All'.



A dropdown menu with a blue header containing the text "--Select--". Below the header is a list of document types: Business Plan, Certificate of Use and Occupancy, Criminal Documentation, Deed/Lease Agreement, Eviction Notice, Floor Plan, Insurance Policy, Litigation, Marijuana Business Location Plan, Municipal Denial, Other, Regulatory Disciplinary Document, Reporting Form, Request to Close License, Tax Liability and Delinquency Documents, and Violation Document.

Reporting Form Instructions

Reporting Form Submission - Upload Supporting Documents

- After all applicable documents have been uploaded and **their corresponding document types have been selected and saved**, select ***Continue Application***.

Attachments

Please attach the following documents:

Required Documents

- Reporting Form

Supporting Documents

The following document categories are available for the licensee's use to supplement what they are reporting:

- Criminal Documentation
- Litigation Documentation
- Municipal Denial
- Violation Document
- Eviction Notice
- Regulatory Disciplinary Document
- Floor Plan
- Marijuana Business Location Plan
- Deed/Lease Agreement
- Certificate of Use and Occupancy
- Business Plan
- Insurance Policy
- Request to Close License
- Tax Liability and Delinquency Documents

**All items on the checklist are required to be provided at the time of submission.*

The maximum file size allowed is 500 MB.
ade,adp,bat;chm;cmd;com;cpl;exe;hlc;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;mnc;mnp;mst;pages;php;plf;scr;scrt;shb;sys;vbs;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.
This application type requires you to submit the following types of documents. Subject to the collected information, you may be required to submit additional documents prior to approval.
Reporting Form

Name	Type	Size	Description	Action
Criminal Documentation.pdf	Criminal Documentation	37.51 KB		Actions ▾
Reporting Form.pdf	Reporting Form	36.40 KB		Actions ▾

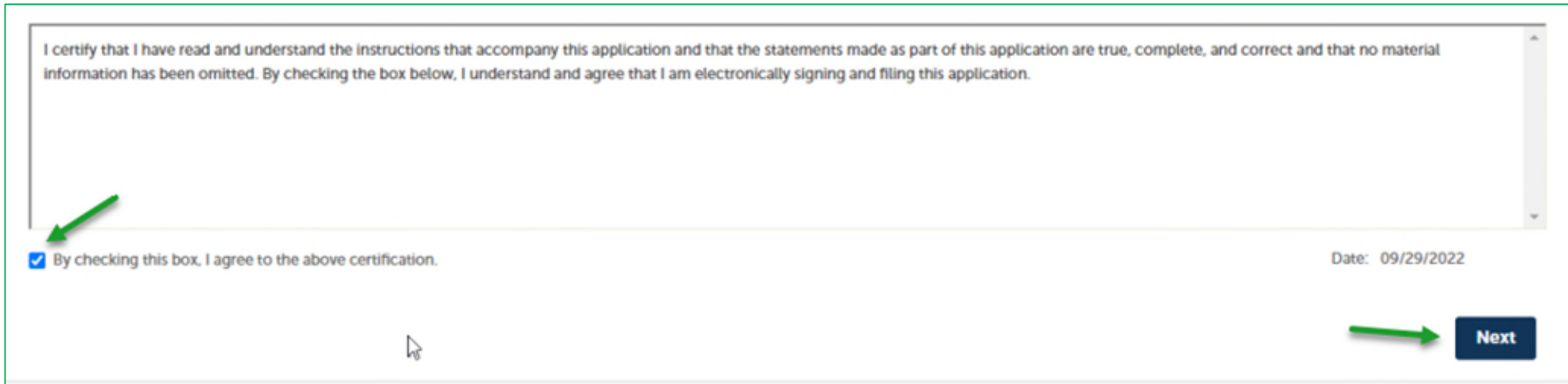
Add

Next

Reporting Form Instructions

Reporting Form Submission - Application Certification

- After reviewing the Reporting Form, **Check** the box to electronically sign and file the reporting form thus certifying that the reporting form is true, complete, correct, and that no material information has been omitted.
- Select **Next** to submit the reporting form.



I certify that I have read and understand the instructions that accompany this application and that the statements made as part of this application are true, complete, and correct and that no material information has been omitted. By checking the box below, I understand and agree that I am electronically signing and filing this application.

☒ By checking this box, I agree to the above certification.

Date: 09/29/2022

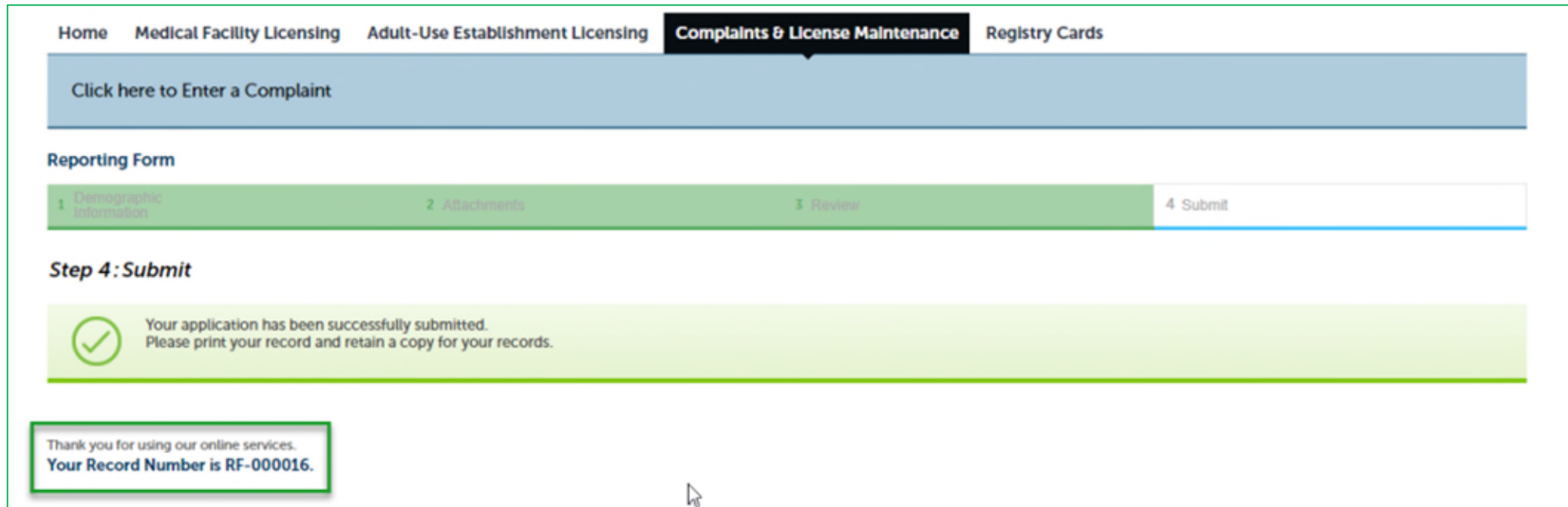
Next

The screenshot shows a web form for application certification. It contains a text area with a certification statement, a checked checkbox for agreement, a date field showing 09/29/2022, and a blue 'Next' button. Green arrows point to the checkbox and the 'Next' button.

Reporting Form Instructions

Reporting Form Submission - Record Issuance

- The Reporting Form has now been submitted. Retain a copy of the record number.



The screenshot shows the Cannabis Regulatory Agency's online reporting interface. At the top, a navigation bar includes links for Home, Medical Facility Licensing, Adult-Use Establishment Licensing, **Complaints & License Maintenance** (the active tab), and Registry Cards. Below the navigation bar is a blue button labeled "Click here to Enter a Complaint".

The main section is titled "Reporting Form" and features a progress bar with four steps: 1. Demographic Information (highlighted in green), 2. Attachments, 3. Review, and 4. Submit (highlighted in white with a blue border).

Below the progress bar, the heading "Step 4: Submit" is displayed. A large green banner with a checkmark icon contains the message: "Your application has been successfully submitted. Please print your record and retain a copy for your records."

At the bottom, a green-bordered box contains the text: "Thank you for using our online services. Your Record Number is RF-000016."

Reporting Form Instructions

Reporting Form Submission - Submission Email

- The person completing the application and the Reporting Form applicant will receive the below email confirming the record was submitted, containing:
 - The Reporting Form number.
 - The Reporting Form name.

Dear Example 1, LLC,

You have successfully submitted a reporting form. The reporting form information is below. Make sure to retain this information for your records.

Reporting Form Name: Example 1, LLC

Reporting Form Number: RF-000016

An analyst will contact you if further information is required or when a determination has been made.

If there are any questions regarding this reporting form, please contact the Cannabis Regulatory Agency via telephone at (517) 284-8599 or via email at CRA-Amendments@michigan.gov.

Thank you,

Cannabis Regulatory Agency

Licensing Division

(517) 284-8599

CRA-Amendments@michigan.gov |

www.michigan.gov/cra



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